

Fort Bend ISD
16431 LEXINGTON BLVD
SUGAR LAND, TX 77479

Pay Group: SUB-Substitute Teachers
Pay Begin Date: 09/26/2016
Pay End Date: 10/09/2016

Business Unit: FBISD
Advice #: 000000003654154
Advice Date: 10/31/2016

		TAX DATA:	Federal	TX State
KIRK D FRANCIS 12907 STRATFORD HEIGHTS SUGARLAND, TX 77498	Employee ID:	139182		
	Department:	295-HUMAN RESOURCES		
	Location:	ADMINISTRATION BUILDING		
	Job Title:	SUB TEACHERS		
	Pay Rate:	\$95.00 Daily		
		Marital Status:	Married	n/a
		Allowances:	0	0
		Addl. Percent:		
		Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	YTD Hours	Earnings	Description	Current	YTD
Substitute Teacher Regular Pay	120.000000	5.00	600.00	39.00	3,885.00	Fed Withholding	19.88	163.66
Sub Daily Rate Difference			0.00		285.00	Fed MED/EE	8.70	60.47
TOTAL:		5.00	600.00	39.00	4,170.00	TOTAL:	28.58	224.13

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
457 FICA Alternative Plan	45.00	312.77	<p>United States District Court Southern District of Texas FILED DEC 05 2016 David J. Bradley, Clerk of Court</p>					
TOTAL:		45.00 312.77						
TOTAL:		45.00 312.77				*TAXABLE		

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	600.00	555.00	28.58	45.00	526.42
YTD	4,170.00	3,857.23	224.13	312.77	3,633.10

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
000000003654154	Checking	XXXXXXXXX1165	526.42
TOTAL:			526.42

MESSAGE:

Fort Bend ISD
16431 LEXINGTON BLVD
SUGAR LAND, TX 77479

Pay Group: SUB-Substitute Teachers
Pay Begin Date: 09/12/2016
Pay End Date: 09/25/2016

Business Unit: FBISD
Advice #: 000000003648232
Advice Date: 10/14/2016

		TAX DATA:	Federal	TX State
KIRK D FRANCIS 12907 STRATFORD HEIGHTS SUGARLAND, TX 77498	Employee ID:	139182		
	Department:	046-CHRISTA MCAULIFE MIDDLE SCHOOL		
	Location:	CHRISTA MCAULIFFE MIDDLE SCHOO		
	Job Title:	SUB TEACHER LONG TERM VACANCY		
	Pay Rate:	\$95.00 Daily		
		Marital Status:	Married	n/a
		Allowances:	0	0
		Addl. Percent:		
		Addl. Amount:		

HOURS AND EARNINGS						TAXES		
Description	Rate	Current Hours	Earnings	YTD Hours	Earnings	Description	Current	YTD
Substitute Teacher Regular Pay	120.000000	3.00	360.00	34.00	3,285.00	Fed Withholding	76.76	143.78
Substitute Teacher Regular Pay	95.000000	6.00	570.00		0.00	Fed MED/EE	17.62	51.77
Sub Daily Rate Difference			285.00		285.00			
TOTAL:		9.00	1,215.00	34.00	3,570.00	TOTAL:	94.38	195.55

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
457 FICA Alternative Plan	91.13	267.77						
TOTAL:			TOTAL:			*TAXABLE		
	91.13	267.77		0.00	0.00			

TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,215.00	1,123.87	94.38	1,029.49
YTD	3,570.00	3,302.23	195.55	3,106.68

NET PAY DISTRIBUTION			
Advice #	Account Type	Account Number	Deposit Amount
000000003648232	Checking	XXXXXXXX1165	1,029.49
TOTAL:			1,029.49

MESSAGE:

Kirk Framer 10-1-2016

The money deposit on 7/11 was from the crosslink for money held back during the tax year. A one time payment.

From: Kirk and Sandra Francis

The only income that Sandra have
is social security.

x Sandra Francis

Acct # 00010516250

UNIFORM BORROWER ASSISTANCE FORM

If you are experiencing a temporary or long-term hardship and need help, you must complete and submit this form along with other required documentation to be considered for available solutions. On this page, you must disclose information about (1) you and your intentions to either keep or transition out of your home; (2) the property's status; (3) bankruptcy; and (4) your credit counseling agency.

On Page 2, you must disclose information about all of your income, expenses and assets. Page 2 also lists the required income documentation that you must submit in support of your request for assistance. Then on Page 3, you must complete the Hardship Affidavit in which you disclose the nature of your hardship. The Hardship Affidavit informs you of the required documentation that you must submit in support of your hardship claim.

NOTICE: In addition, when you sign and date this form, you will make important certifications, representations and agreements, including certifying that all of the information in this Borrower Assistance Form is accurate and truthful and any identified hardship has contributed to your submission of this request for mortgage relief.

REMINDER: The Borrower Response Package you need to return consists of: (1) this completed, signed and dated Borrower Assistance Form; (2) completed and signed IRS Form 4506T-EZ (4506T for self-employed borrowers or borrowers with rental income); (3) required income documentation; and (4) required hardship documentation.

Loan Number 0001051625-0 (usually found on your monthly mortgage statement)

Servicer's Name Kirk D Francis

I want to: ☒ Keep the Property ☐ Vacate the Property ☐ Sell the Property ☐ Undecided

The property is currently: ☒ My Primary Residence ☐ A Second Home ☐ An Investment Property

The property is currently: ☒ Owner Occupied ☐ Renter Occupied ☐ Vacant

BORROWER		CO-BORROWER	
BORROWER'S NAME Kirk Francis		CO-BORROWER'S NAME Sandra Francis	
SOCIAL SECURITY NUMBER 456063956	DATE OF BIRTH 09/13/1959	SOCIAL SECURITY NUMBER 457135679	DATE OF BIRTH 02/25/1959
HOME PHONE NUMBER WITH AREA CODE		HOME PHONE NUMBER WITH AREA CODE	
CELL OR WORK NUMBER WITH AREA CODE 8328834341		CELL OR WORK NUMBER WITH AREA CODE 8323963668	

MAILING ADDRESS
12907 Stratford Heights Sugarland, Texas 77498

PROPERTY ADDRESS (IF SAME AS MAILING ADDRESS, JUST WRITE SAME)
SAME

EMAIL ADDRESS
kfrancis59@comcast.net

Is the property listed for sale? ☐ Yes ☒ No
If yes, what was the listing date? _____
If property has been listed for sale, have you received an offer on the property? ☐ Yes ☐ No
Date of offer: _____ Amount of Offer: \$ _____
Agent's Name: _____
Agent's Phone Number: _____
For Sale by Owner? ☐ Yes ☐ No

Have you contacted a credit counseling agency for help? ☐ Yes ☒ No
If yes, please complete the counselor contact information below:
Counselor's Name: _____
Agency's Name: _____
Counselor's Phone Number: _____
Counselor's Email Address: _____

Do you have condominium or homeowner association (HOA) fees? ☒ Yes ☐ No

Total monthly amount: \$ _____ Name and address that fees are paid to: _____

Have you filed for bankruptcy? ☐ Yes ☒ No If yes: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13

If yes, what is the filing Date: _____ Has your bankruptcy been discharged? ☐ Yes ☐ No Bankruptcy case number: _____

Is any Borrower an active duty service member? ☐ Yes ☒ No
Has any Borrower been deployed away from his/her primary residence or received a Permanent Change of Station order? ☐ Yes ☒ No
Is any Borrower the surviving spouse of a deceased service member who was on active duty at the time of death? ☐ Yes ☒ No

UNIFORM BORROWER ASSISTANCE FORM

Monthly Household Income		Monthly Household Expenses and Debt Payments		Household Assets (associated with the property and/or borrower(s) excluding retirement funds)	
Gross wages	\$ 4,000	First Mortgage Payment	\$ 1,450.00	Checking Account(s)	\$ 1,000
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony*	\$	Homeowner's Insurance	\$	Savings / Money Market	\$
Non-taxable social security/SSDI	\$	Property Taxes	\$	CDs	\$
Taxable SS benefits or other monthly income from annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Car Lease Payments	\$	Other Real Estate (estimated value)	\$
Unemployment income	\$	HOA/Condo Fees/Property Maintenance	\$	Other	\$
Food Stamps/Welfare	\$	Mortgage Payments on other properties	\$		\$
Other	\$	Other	\$		\$
Total (Gross income)	\$ 4	Total Household Expenses and Debt Payments	\$ NaN	Total Assets	\$ 1

Any other liens (mortgage liens, mechanics liens, tax liens, etc.)

Lien Holder's Name	Balance and Interest Rate	Loan Number	Lien Holder's Phone Number

Required Income Documentation☒ **Do you earn a salary or hourly wage?**

For each borrower who is a salaried employee or paid by the hour, include paystub(s) reflecting the most recent 30 days' or four weeks' earnings and documentation reflecting year-to-date earnings, if not reported on the paystubs (e.g. signed letter or printout from employer).

☒ **Are you self-employed?**

For each borrower who receives self-employed income, include a complete, signed individual federal income tax return and, as applicable, the business tax return; AND either the most recent signed and dated quarterly or year-to-date profit/loss statement that reflects activity for the most recent three months; OR copies of bank statements for the business account for the last two months evidencing continuation of business activity.

☐ **Do you have any additional sources of income? Provide for each borrower as applicable:****"Other Earned Income" such as bonuses, commissions, housing allowance, tips, or overtime:**

- ☐ Reliable third-party documentation describing the amount and nature of the income (e.g., paystub, employment contract or printouts documenting tip income).

Social Security, disability or death benefits, pension, public assistance, or adoption assistance:

- ☒ Documentation showing the amount and frequency of the benefits, such as letters, exhibits, disability policy or benefits statement from the provider, and
- ☐ Documentation showing the receipt of payment, such as copies of the two most recent bank statements showing deposit amounts.

Rental income:

- ☐ Copy of the most recent filed federal tax return with all schedules, including Schedule E—Supplement Income and Loss. Rental income for qualifying purposes will be 75% of the gross rent you reported reduced by the monthly debt service on the property, if applicable; or
- ☐ If rental income is not reported on Schedule E – Supplemental Income and Loss, provide a copy of the current lease agreement with either bank statements or cancelled rent checks demonstrating receipt of rent.

Investment income:

- ☐ Copies of the two most recent investment statements or bank statements supporting receipt of this income.

Alimony, child support, or separation maintenance payments as qualifying income:*

- ☐ Copy of divorce decree, separation agreement, or other written legal agreement filed with a court, or court decree that states the amount of the alimony, child support, or separation maintenance payments and the period of time over which the payments will be received, and
- ☐ Copies of your two most recent bank statements or other third-party documents showing receipt of payment.

***Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered for repaying this loan.**

UNIFORM BORROWER ASSISTANCE FORM**HARDSHIP AFFIDAVIT**

I am requesting review of my current financial situation to determine whether I qualify for temporary or permanent mortgage loan relief options. Date Hardship Began is:

I believe that my situation is:

☒ Short-term (under 6 months) ☐ Medium-term (6 – 12 months) ☐ Long-term or Permanent Hardship (greater than 12 months)

I am having difficulty making my monthly payment because of reason set forth below:

(Please check the primary reason and submit required documentation demonstrating your primary hardship)

If Your Hardship is:	Then the Required Hardship Documentation is:
<input checked="" type="checkbox"/> Unemployment	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Reduction in Income: a hardship that has caused a decrease in your income due to circumstances outside your control (e.g., elimination of overtime, reduction in regular working hours, a reduction in base pay)	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Increase in Housing Expenses: a hardship that has caused an increase in your housing expenses due to circumstances outside your control	<input type="checkbox"/> No hardship documentation required
<input type="checkbox"/> Divorce or legal separation; Separation of Borrowers unrelated by marriage, civil union or similar domestic partnership under applicable law	<input type="checkbox"/> Divorce decree signed by the court; OR <input type="checkbox"/> Separation agreement signed by the court; OR <input type="checkbox"/> Current credit report evidencing divorce, separation, or non-occupying borrower has a different address; OR <input type="checkbox"/> Recorded quitclaim deed evidencing that the non-occupying Borrower or co-Borrower has relinquished all rights to the property
<input type="checkbox"/> Death of a borrower or death of either the primary or secondary wage earner in the household	<input type="checkbox"/> Death certificate; OR <input type="checkbox"/> Obituary or newspaper article reporting the death
<input type="checkbox"/> Long-term or permanent disability; Serious illness of a borrower/co-borrower or dependent family member	<input type="checkbox"/> Proof of monthly insurance benefits or government assistance (if applicable); OR <input type="checkbox"/> Written statement or other documentation verifying disability or illness; OR <input type="checkbox"/> Doctor's certificate of illness or disability; OR <input type="checkbox"/> Medical bills None of the above shall require providing detailed medical information.
<input type="checkbox"/> Disaster (natural or man-made) adversely impacting the property or Borrower's place of employment	<input type="checkbox"/> Insurance claim; OR <input type="checkbox"/> Federal Emergency Management Agency grant or Small Business Administration loan; OR <input type="checkbox"/> Borrower or Employer property located in a federally declared disaster area
<input type="checkbox"/> Distant employment transfer / Relocation	For active duty service members: Notice of Permanent Change of Station (PCS) or actual PCS orders. For employment transfers/new employment: <input type="checkbox"/> Copy of signed offer letter or notice from employer showing transfer to a new employment location; OR <input type="checkbox"/> Paystub from new employer In addition to the above, documentation that reflects the amount of any relocation assistance provided, if applicable (not required for those with PCS orders).
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Tax return from the previous year (including all schedules) AND <input type="checkbox"/> Proof of business failure supported by one of the following: <input type="checkbox"/> Bankruptcy filing for the business; OR <input type="checkbox"/> Two months recent bank statements for the business account evidencing cessation of business activity; OR <input type="checkbox"/> Most recent signed and dated quarterly or year-to-date profit and loss statement
<input type="checkbox"/> Other: a hardship that is not covered above	<input type="checkbox"/> Written explanation describing the details of the hardship and relevant documentation

Borrower/Co-Borrower Acknowledgement and Agreement

I certify, acknowledge, and agree to the following:

1. All of the information in this Borrower Assistance Form is truthful and the hardship that I have identified contributed to my need for mortgage relief.
2. The accuracy of my statements may be reviewed by the Servicer, owner or guarantor of my mortgage, their agent(s), or an authorized third party*, and I may be required to provide additional supporting documentation. I will provide all requested documents and will respond timely to all Servicer, or authorized third party*, communications.
3. Knowingly submitting false information may violate Federal and other applicable law.
4. If I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this request for mortgage relief or if I do not provide all required documentation, the Servicer may cancel any mortgage relief granted and may pursue foreclosure on my home and/or pursue any available legal remedies.
5. The Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.
6. I may be eligible for a trial period plan, repayment plan, or forbearance plan. If I am eligible for one of these plans, I agree that:
 - a. All the terms of this Acknowledgment and Agreement are incorporated into such plan by reference as if set forth in such plan in full.
 - b. My first timely payment under the plan will serve as acceptance of the terms set forth in the notice of the plan sent by the Servicer.
 - c. The Servicer's acceptance of any payments under the plan will not be a waiver of any acceleration of my loan or foreclosure action that has occurred and will not cure my default unless such payments are sufficient to completely cure my entire default under my loan.
 - d. Payments due under a trial period plan for a modification will contain escrow amounts. If I was not previously required to pay escrow amounts, and my trial period plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior waiver is revoked. Payments due under a repayment plan or forbearance plan may or may not contain escrow amounts. If I was not previously required to pay escrow amounts and my repayment plan or forbearance plan contains escrow amounts, I agree to the establishment of an escrow account and agree that any prior escrow waiver is revoked.
7. A condemnation notice has not been issued for the property.
8. The Servicer or authorized third party* will obtain a current credit report on all borrowers obligated on the Note.
9. The Servicer or authorized third party* will collect and record personal information that I submit in this Borrower Response Package and during the evaluation process. This personal information may include, but is not limited to: (a) my name, address, telephone number, (b) my social security number, (c) my credit score, (d) my income, and (e) my payment history and information about my account balances and activity. I understand and consent to the Servicer or authorized third party*, as well as any investor or guarantor (such as Fannie Mae or Freddie Mac), disclosing my personal information and the terms of any relief or foreclosure alternative that I receive to the following:
 - a. Any investor, insurer, guarantor, or servicer that owns, insures, guarantees, or services my first lien or subordinate lien (if applicable) mortgage loan(s) or any companies that perform support services to them; and
 - b. The U.S. Department of Treasury, Fannie Mae and Freddie Mac, in conjunction with their responsibilities under the Making Home Affordable program, or any companies that perform support services to them.
10. I consent to being contacted concerning this request for mortgage assistance at any telephone number, including mobile telephone number, or email address I have provided to the Lender/Servicer/ or authorized third party*. By checking this box, I also consent to being contacted by ☒ text messaging.

Kirk D. Francis
Borrower Signature

10/28/2016
Date

[Signature]
Co-Borrower Signature

10/28/2016
Date

*An authorized third party may include, but is not limited to, a counseling agency, Housing Finance Agency (HFA) or other similar entity that is assisting me in obtaining a foreclosure prevention alternative.

Monthly Income	Borrower	Co-Borrower	Total
Gross Salary/Wages	2,000	1,850	3,850
Other Income			
Other Additional Income (SSI, Rental, Second Job, Child Support)			
Total Net Income			

Assets	Borrower	Co-Borrower	Total
Cash/ Checking		800.00	8,000.00
401K			
Savings			

Monthly Expenses	Monthly Payment	Balance Due	# Months Delinquent
Primary Home Mortgage	1,437.00		
Rent Payment (If owner not occupying subject property)			
Maintenance/Homeowners Association Fees	450.00	0	0
Property Taxes			
Homeowners Insurance / Flood Insurance			
Other Mortgages			
Automobile Loans	2,550.00	2,000.35	2,550.35
Other Loans			
Credit Cards (Minimum Payments)	0		
Alimony/Child Support	0		
Child/Dependent Care	0		
Utilities (Water, Electricity, Gas, Cable, Etc)	350		350
Telephone (Landline and Cell phone)	120.00		120
Insurance (Automobile, Health, Life)	325.00		325
Medical Expenses (Uninsured)			
Car Expenses (Gas, Maintenance, Parking)			
Groceries and Toiletries	250.00		250.00
Other (Explain)			
Other (Explain)			
Other (Explain)			
TOTAL			

Signature: _____

LM2117.10946